

AGREEMENT NUMBER

**06MM\*\*\***

**ACTUARIAL CONSULTING MODEL CONTRACT**

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

Managed Risk Medical Insurance Board

CONTRACTOR'S NAME



2. The term of this Agreement is:                      October 1, 2006                      through    Sept. 30, 2009

3. The maximum amount                      \$  
of this Agreement is:

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	** pages
Exhibit B – Budget Detail and Payment Provisions	** pages
Exhibit C – General Terms and Conditions	** pages
Exhibit D - Special Terms and Conditions (Attached hereto as part of this agreement)	** pages
Exhibit E - Federal Provisions	** pages
Attachment A - Cost Rates	** pages
Attachment B - Resumes	** pages
Attachment C-Debarment Certification	** pages

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

CONTRACTOR	
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)	
BY (Authorized Signature) 	DATE SIGNED(Do not type)
PRINTED NAME AND TITLE OF PERSON SIGNING	
ADDRESS	
STATE OF CALIFORNIA	
AGENCY NAME Managed Risk Medical Insurance Board	
BY (Authorized Signature) 	DATE SIGNED(Do not type)
PRINTED NAME AND TITLE OF PERSON SIGNING Dennis Gilliam, Contract Administrator	
ADDRESS 1000 G. Street, Suite 450, Sacramento, CA 95814	

**California Department of General Services Use Only**

☐ Exempt per: